

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41322** (1)

1. Corporation Name

COMPLETE CARE HOME HEALTH AGENCY OF DADE, INC.



Principal Place of Business

Mailing Address

651 E 25TH STREET
HIALEAH FL 33013

651 E 25TH STREET
HIALEAH FL 33013

3. Date Incorporated or Qualified
12/18/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2337166

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUER, CLIFFORD J
651 EAST 25TH ST
651 E 25TH STREET
HIALEAH FL 33013**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D ANDERSON, O.D.**
STREET ADDRESS **777 E. 25 ST. #316**
CITY-ST-ZIP **HIALEAH FL 33013**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **T WEST, ARTHUR B**
STREET ADDRESS **651 EAST 25 STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **~~S~~ SNYDER, DAVID M**
STREET ADDRESS **~~651 EAST 25TH ST~~**
CITY-ST-ZIP **~~HIALEAH FL~~**

3.1 TITLE Change Addition
3.2 NAME **P/D**
3.3 STREET ADDRESS **Bauer, Clifford**
3.4 CITY-ST-ZIP **651 East 25th Street
Hialeah, FL 33013**

TITLE DELETE
NAME **S LESLIE, ROSEN**
STREET ADDRESS **9495 SUNSET DRIVE #B280**
CITY-ST-ZIP **MIAMI FL 33173**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **D CRUZ, LILA E.**
STREET ADDRESS **6020 W. 14 COURT**
CITY-ST-ZIP **HIALEAH FL 33012**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford J. Bauer

4/30/96

Date

305 835-1240

Daytime Phone #

CR2E037 (12/95)